

Lastrous Anderson

Town

County

Furnithand Nicomico

MARYLAND

Died at

Furnithand

Month

Day

M.

D.

Native of

Date 1903

Oct 19

Age

5-11-24

Married

Widow

Divorced

Occupation

Male

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Anna Bell Anderson

How long sick

Cause of

Primary

Gastro-Enteritis &amp; Defection

1 week

Death

Immediate

Toxæmia &amp; Heart Failure

Accident, Suicide, Homicide

Reported by

Louis W. Morris

Albion Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	190	Month	Day	Age	Years	Months	Days
Sex		Color or Race	White		Birth-place		Salisbury
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		S			
Father's Name		John W. Brattie		Father's Birthplace		Md	
Mother's Maiden Name		Ella W. White		Mother's Birthplace		Md	
Name of person giving information							

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

yes

How long

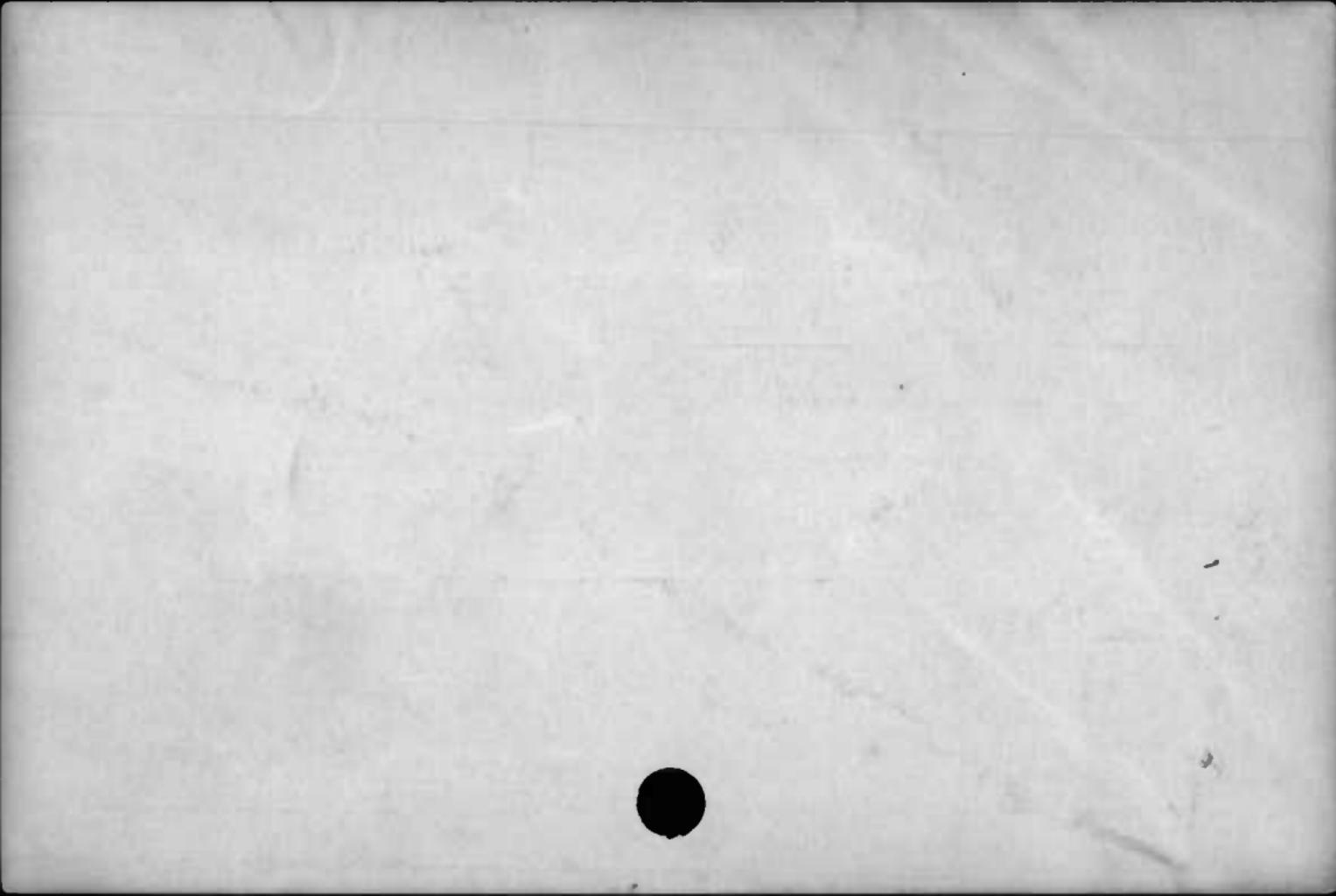
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Samuel W. Leonard M.D.  
Salisbury Md

Accident or Suicide?



Thomas J. Brown

Town

County

MARYLAND

Died at

Allison

Linconia

Month Day

Y. M. D.

Native of

Date 19

03

60-20

Age 76

Native of

Native of

Occupation

Male

White

Married

Widower

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband

of

Margaret Parsons

60

Wife

Father's

Name

Thomas J. Brown

Mother's

Seale

Cause of

Primary

Paralysis of right side

How long sick

Immediate

5 days

Death

Accident, Suicide, Homicide

Reported by

Dr. G. H. H. Salisbury Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. J. J. Long of Allen  
attended or was to see him  
in his death sickness

G. C. H.

Lilly Cottman

Town

County

Died at

Salisbury

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1903

Oct. 1st

Age

30-3

Occupation

~~White~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Sam. B. Cottman

Mother's

Maiden Name

29

Cause of

Primary

Tuberculosis (intestinal)

How long sick

1 year

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Dr. C. C. Cottman

Salisbury, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



George Dushill

Town

Salisbury

County

Wicomico

MARYLAND

Died at

Date 1903

Month Oct

Day 15

Y. 35

M.

D.

Native of

Marinco

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Henry Dushill

18/11

Father's

Mother's

Name

Maiden Name

Cause of

Primary

appendicitis

How long sick

5 days

Death

Immediate

Peritonitis

Accident, Suicide, Homicide

Reported by

L. C. Green

Salisbury, Md.



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name in Full

Certificate of Death

Samuel Evans

Town

County

Died at

Quaintie

MARYLAND

Month Day

Y. M. D.

Native of

Date 1903 Oct 27

Age 50

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Don't know

Don't know

Cause of

Primary

How long sick

Death

Immediate

Droptly

Accident, Suicide, Homicide

Reported by

Wm. H. Dashille M.D.

Address

Quaintie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_

of \_\_\_\_\_

Rheba German

Town

County

Died at Hebron

MARYLAND

Month

Day

Y. M. D.

Native of

Occupation

Date 1903

oct. 29

Age

2, 3, 0

Widow

Widower

—

~~Male~~

White

~~Married~~

Divorced

Female

~~Single~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mother's  
Maiden Name

Mary Haddock

How long sick

203 days

Accident, Suicide, Homicide

Primary

Diphtheritic Croup

Immediate

Louis W. Seonis M.D.

(Scribbled)



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Infant					CERTIFICATE OF DEATH	
Died at <i>Sabisbury</i>		Town	County <i>Wicomico</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>23</i>	Years	Months	7	Days
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>Sabisbury</i>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name				Father's Birthplace		
Mother's Maiden Name <i>Roxey Brown</i>				Mother's Birthplace		
Name of person giving Information <i>Roxey Brown</i>				How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate *Sudden*

How long

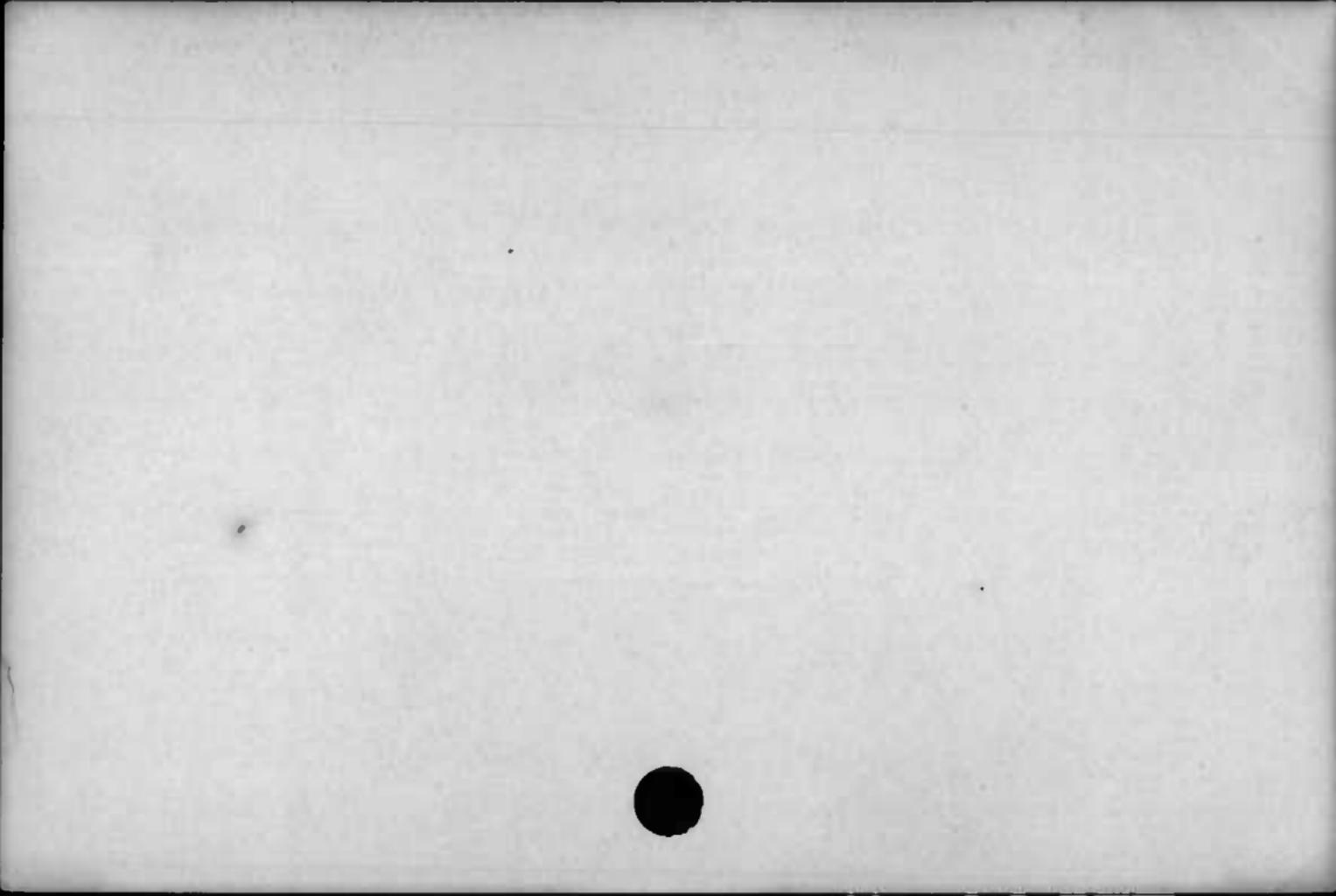
Are the name, age, sex, color, date and place correctly given above?

Signature of  
*Dr. G. H. Hullemayor*

Address

*64 Hullemayor & Co  
Sabisbury Md  
Any mistakes*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1903	Month, Oct	Day 9	Years 51	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Md	
Occupation	Carpenter			Where Residing if not at place of death	Baltimore Md	
Married, Single or Widowed	Widowed	Name or Wife or Husband				
Father's Name	William Slavery			Father's Birthplace	Md	
Mother's Maiden Name	Clara A. Berry			Mother's Birthplace	Md	
Name of person giving information	Alexander Morris			How related to deceased	Brother in law	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Willie Miles

Town

County

MARYLAND

Died at Quantico

Month

Day

Y. M. D.

Native of

Occupation

Date 1903 Oct 9

Age

Ghuruths

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's Name

William Miles

Annie Miles

How long sick

Cause of

Primary

Death

Immediate

Convulsions from Fever

Accident, Suicide, Homicide

Reported by

A. H. H. Dashiell M.D.

Address

Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_

of \_\_\_\_\_

Name in Full

Certificate of Death

Linden James Short.

Town

County

MARYLAND

Died at

Delmar

Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1913

Oct 15

Age

14

3

24

Jrl

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

00000

Husband

of

Wife

Father's Name

Mother's Maiden Name

Cause of

Primary

Trophoid Jaund

How long sick

21 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Robert Elleyard M.D.

Address

Delmar Jrl



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>Amith</i>						
Died at		Day	Month	County		MARYLAND
Date of death	1903	29	Oct	Years	Months	Days
Sex	girl	Color or Race	White	Birth-place	Powellville	
Occupation	Where Residing if not at place of death					Place of death
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Beauchamp Smith					Father's Birthplace
Mother's Maiden Name	ida Wilkins S.					Mother's Birthplace
Name of person giving information						How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate *dead born*

How long

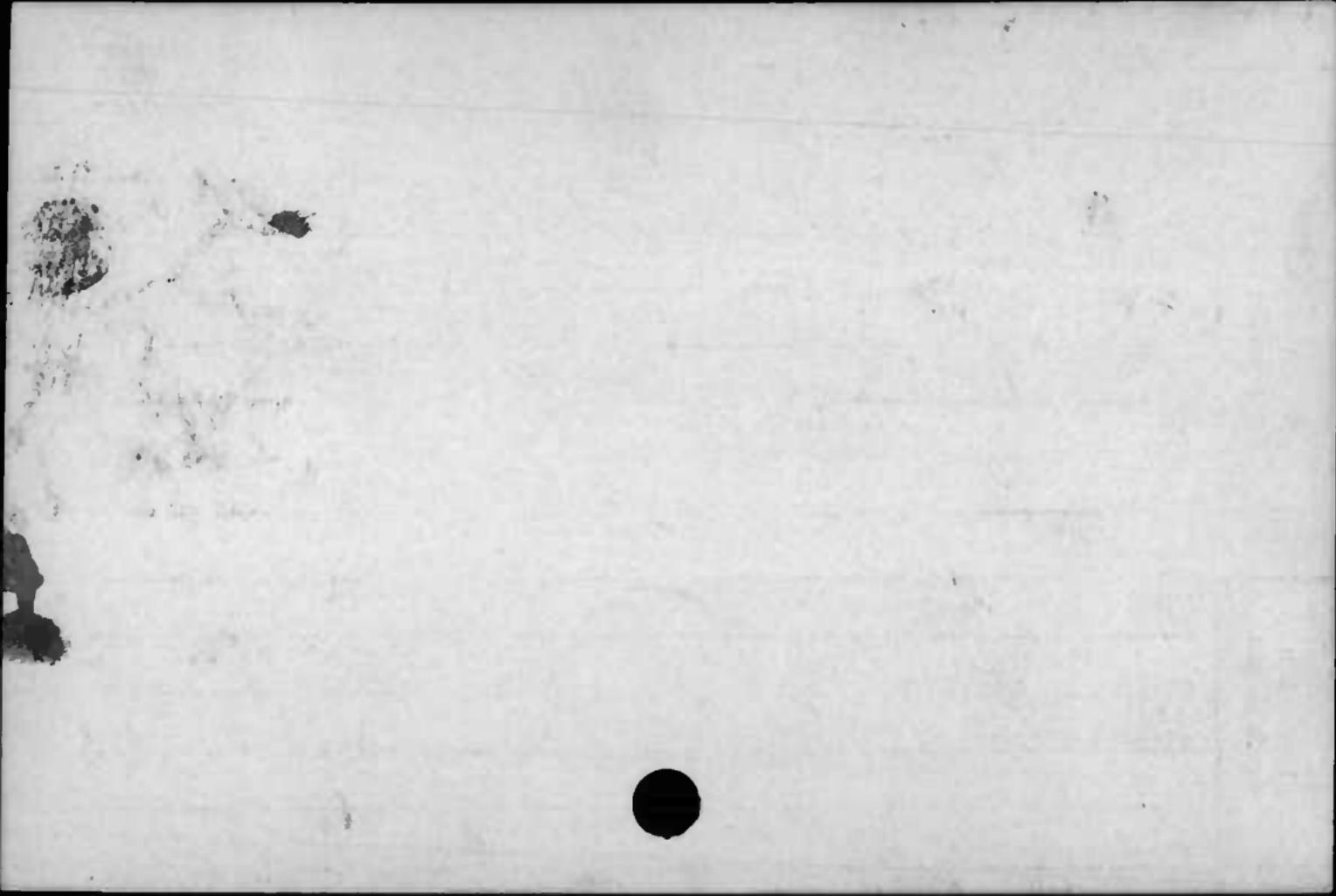
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*yes*

Address

Accident or Suicide?



Name  
in  
Full

John Truitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Wisconsin
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Near Powellville				
Father's Name	James Truitt				
Mother's Maiden Name	Eliza Lewis				
Name of person giving information	James Truitt				
Father's Birthplace	Wisconsin				
Mother's Birthplace					
How related to deceased	father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

St. John's fever

How long

4 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

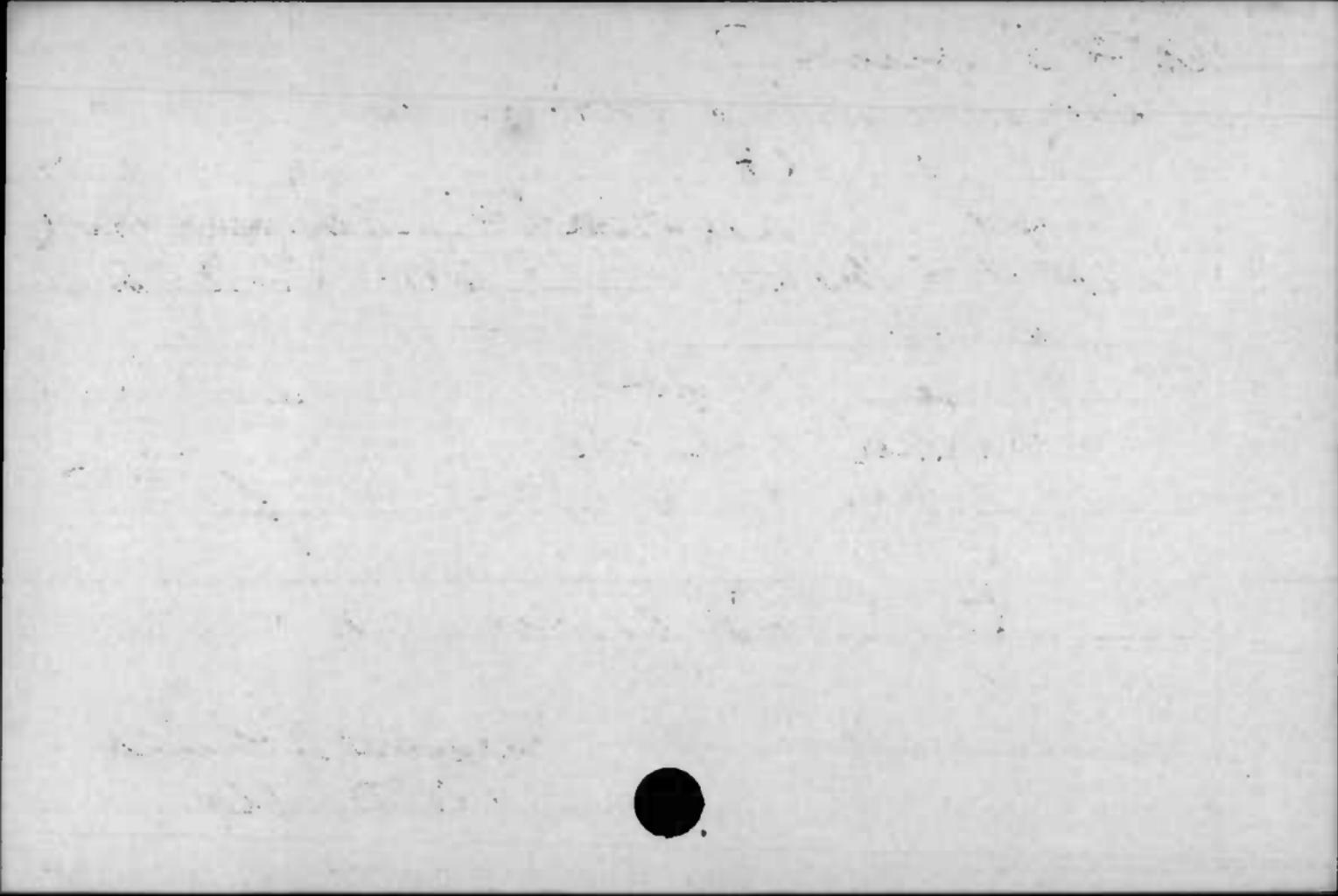
yes

Signature of Physician

Address

James L. Collins  
Pittsboro

Accident or Suicide?



Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<i>Johnson Fruitt</i>				CERTIFICATE OF DEATH		
Died at <i>near Powellsville</i>		Town	County <i>Wicomico Co</i>	MARYLAND		
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>7</i>	Years <i>Age 13</i>	Months <i>11</i>	Days <i>15</i>	
Sex <i>boy</i>	Color or Race <i>White</i>		Birth-place <i>Powellsville</i>			
Occupation <i>forming</i>	Where Residing if not at place of death <i>where he died</i>					
Married, Single or Widowed <i>Single</i>	Name or Wife or Husband					
Father's Name <i>James Fruitt</i>	Father's Birthplace <i>at Pleasant</i>					
Mother's Maiden Name <i>Lizzie Fruitt</i>	Mother's Birthplace <i>Whitton</i>					
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid fever* How long *21 days*

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician *Lemanuel Collins*  
Address

Accident or Suicide?



Name  
in  
Full

Tom E. Truitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1903	Month	Oct	Day	16	Years	14
Age		Color or Race	White	Months	4	Days	20
Sex	boy	Occupation	farmer	Birth-place	Wicomico Pawpawville		
Married, Single or Widowed		Name or Wife or Husband		Where Residing if not at place of death			
Father's Name	James Truitt			Father's Birthplace	Pawpawville		
Mother's Maiden Name	Eliza Truitt			Mother's Birthplace			
Name of person giving Information	James Truitt			How related to deceased	father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever		How long
Immediate			4 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Samuel Collins
		Address	Pittsville Md
Accident or Suicide?			



Name  
in  
Full

Wm. L. Truitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1903	Month 10	Day 28	Years 14	Months 4	Days 20
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	Farm hand			Where Residing if not at place of death	Near Powellville	
Married, Single or Widow	Single	Name of Wife or Husband				
Father's Name	James Truitt			Father's Birthplace	Maryland	
Mother's Maiden Name	Eliza Lewis			Mother's Birthplace		
Name of person giving information	James Truitt			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid fever

How long

4 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

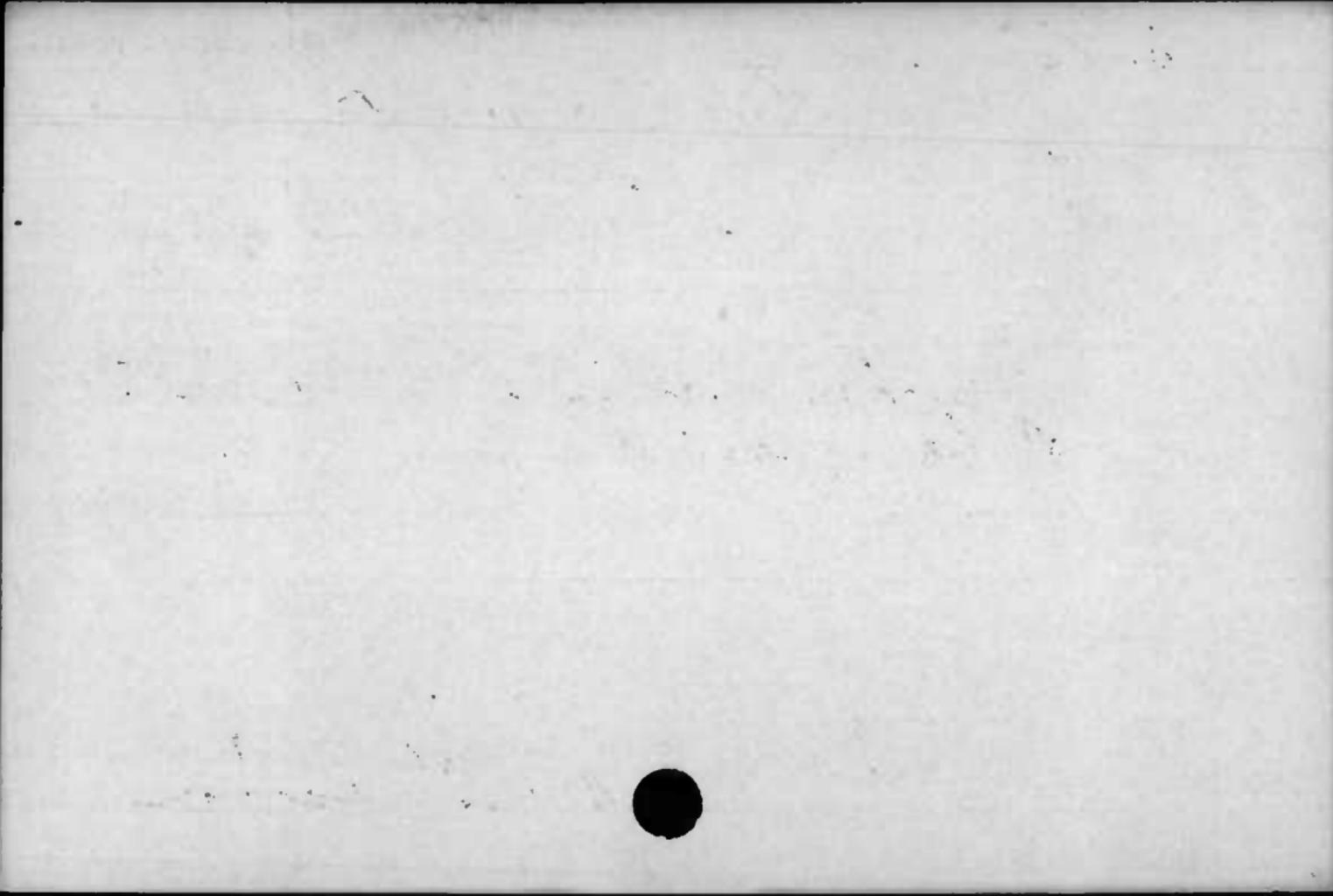
Yes

Signature of Physician

Address

Lemuel Collins  
Pittsville

Accident or Suicide?



if living Wm. Chas. Walls

Town

County

MARYLAND

Died at

Salisbury, Wicomico

Month Day

Y. M. D.

Native of

Occupation

Date 1903

Oct 26

Age 0

MD

~~White~~~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Male

Husband of

Wife

S.

Father's Name

Chas. Walls

Mother's Maiden Name

Mamie Jones

Cause of Death

Primary

How long sick

Still Born

Immediate

Accident, Suicide, Homicide

Reported by

C. M. Glemons

Address

Salisbury  
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Salisbury

Town Wicomico  
County

MARYLAND

Date of death 190 3 Month Oct Day 30 Age 24 Years  
Months 0 Days 0

Sex Female

Color or Race negro

Birth-place

Married, Single  
or Widowed

Occupation

Housewife

Name of Wife or  
Husband

Warren Winder

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

Dr. F. F. F. of P. G. Hospital

How related  
to deceased

None

CAUSES OF DEATH

Primary

Postural death (sphylinitis)

How long

Don't know

Immediate

Septic peritonitis

How long

few minutes

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr. F. F. F.  
Salisbury, Md.

Accident or Suicide?

MS

